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### FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, DC 20549

OMB APPROVAL

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FORM D

SEC USE ONLY

Prefix

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

DATE RECEIVED

UNIFORM LIMITED OFFERING EXEMPTION Name of Offering (: check if this is an amendment and name has changed, and indicate change.) InstaMed Holdings, Inc. Convertible Notes Filing Under (Check box(es) that apply): : Rule 504: Rule 505 ULOE A :/X/ Rule 506 : Section 4(6) Type of Filing: :/X/ New Filing : // Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (: check if this is an amendment and name has changed, and indicate change.) InstaMed Holdings, Inc. Address of Executive Offices Telephone Number (Including Area Code) (Number and Street, City, State, Zip Code) 1528 Walnut Street, Suite 1902 (215) 789-<del>3693</del> 3684 Philadelphia, PA 19102 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)

## Brief Description of Business Development and marketing of healthcare information technology

		DDOO-
Type of Business Organization :X corporation	: limited partnership, already formed : other (please specify):	PROCESSE
	. once (prease specify).	\{MAR 2 2 2007
	Month Year	THOMSON
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organiza	or Organization:  1 2 0 5 :/X/ Actual  tion: (Enter two-letter U.S. Postal Service Abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)  D E	: Estimated
GENERAL INSTRUCTIONS	To the state of th	

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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#### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - · Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;
  - · Each general and managing partner of partnership issuers.

Check Box(es) that Apply: :/X/ Promoter :/X/ Beneficial Owner :/X/ Executive Officer :/X/ Director :// General and/or Managing Partner

Full Name (Last name first, if individual)

Marvin, William

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o InstaMed Holdings, Inc. 1528 Walnut Street, Suite 1902 Philadelphia, PA 19102

Check Box(es) that Apply: :// Promoter :/X/ Beneficial Owner :/X/ Executive Officer :/X/ Director :// General and/or

Managing Partner

Full Name (Last name first, if individual)

Seib, Christopher

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o InstaMed Holdings, Inc. 1528 Walnut Street, Suite 1902 Philadelphia, PA 19102

Check Box(es) that Apply: :// Promoter ://X/Beneficial Owner ://Executive Officer : //Director : //General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: // Promoter ://Beneficial Owner ://Executive Officer ://Director ://General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

				В.	INFORM	ATION AB	OUT OFFEI	RING				
							_				Yes	No
1.	Has the iss	uer sold, or o Answer a	does the issue Also in Appen	r intend to dix, Colum	sell, to nor n 2, if filin	i-accredited i g under ULC	investors in th DE.	is offering?			;	:X
2.	What is the minimum investment that will be accepted from any individual?									\$N/A		
3.	Does the offering permit joint ownership of a single unit?							Yes	No			
											: <b>X</b>	:
4.	commission If a person or states, li	n or similar to be listed st the name	requested for remuneration is an associat of the broker ay set forth the	for solicita ed person o or dealer.	etion of pu or agent of If more tha	rchasers in o a broker or o in five (5) pe	onnection wi dealer registe rsons to be li	th sales of se red with the S	curities in th SEC and/or v	e offering.		
Full	Name (Last	name first, i	f individual)			···						
Busi	iness or Resid	dence Addre	ss (Number a	nd Street, (	City, State,	Zip Code)						
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(MT [RI] Full	[NE] [SC] Name (Last	[SD]	[TN]	[ТХ]	[UT]	[VT]				• •		
[MT [RI] Full Busi	[NE] [SC] Name (Last	[SD] name first, in dence Addre	[TN] f individual) ss (Number a	[ТХ]	[UT]	[VT]				•		
[MT [RI] Full Busi Nam	[NE] [NE] [SC] Name (Last iness or Residue of Associates in Which F	[SD] name first, in dence Addre ted Broker of	[TN] findividual) ss (Number a or Dealer d Has Solicite	[TX]  nd Street, C	[UT]	[VT] Zip Code) Purchasers	[VA]	[WA]	[WV]	[W1]	[WY]	
[MT [RI] Full Busi Nam State (Che	[NE] [SC] Name (Last iness or Residue of Associates in Which Feck "All State	[SD] name first, in dence Addre ted Broker of	[TN] findividual) ss (Number a or Dealer	[TX]  nd Street, C	[UT]	[VT] Zip Code) Purchasers	[VA]	[WA]	[WV]	[W1]	[WY]	
[MT [RI] Full Busi Nam	[NE] [SC]  Name (Last iness or Residue of Associales in Which Feck "All State] [AK]	[SD] name first, in dence Addre ted Broker of Person Listed s" or check	[TN] f individual) ss (Number a or Dealer d Has Solicite individual St	[TX]  nd Street, (	[UT]	[VT] Zip Code) Purchasers	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 0 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Type of Security Offering Price Already Sold Debt Equity \$ 91 Common : Preferred Convertible Securities (including warrants) Convertible Notes \$ 2,000,000 \$1,321,359 Partnership Interests Other (Specify ) ..... Total..... \$ 1,321,359 \$ 2,000,000 Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors 42 \$1,321,359 Non-Accredited Investors 0 \$\_\_0 Total (for filings under Rule 504 only) If this filing is an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of Security **Dollar Amount** Type of Offering Sold Rule 505 Regulation A Rule 504 Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs.... Legal Fees ..... $\mathbf{X}$ : \$ 20,000 Accounting Fees.... Sales Commission (specify finders' fees separately) Other Expenses (identify) : Total Χ: \$\_20,000

b. Enter the difference between the aggregate offering price given in response to Part C- Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$ <u>1,3</u>	\$ <u>1,301,359</u>		
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.						
	Payments to Officers, Directors, and Affiliates Payments to Other					
Salaries and fees	:	\$	:	\$		
Purchase of real estate	:	s	_ :	\$		
Purchase, rental or leasing and installation of machinery and equipment	:	s	_ :	<b>s</b>		
Construction or leasing of plant buildings and facilities	:	\$	_ ;	\$		
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	:	\$	_ :	s		
Repayment of indebtedness	:	\$	_ :	<b>\$</b>		
Working capital	: <b>X</b>	\$ <u>-0-</u>	_ :X	\$ <u>1,301,359</u>		
Other (specify):	:	\$	:	\$		
	:	\$	•	<b>s</b>		
Column Totals						
Total Payments Listed (column totals added)	: <b>X</b>	\$ <u>-0-</u>	_ : <b>X</b>	\$ <u>1,301,359</u>		
D. FEDERAL SIGNATURE						
The issuer has duly caused this notice to be signed by the undersigned duly authorized person following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities a request of its staff, the information furnished by the issuer to any non-accredited investor purs	nd Ex	change Co	mmission, i	upon written		
Issuer (Print or Type) InstaMed Holdings, Inc.  Signature	_		Date March   2			
Name of Signer (Print or Type) William Marvin  Title of Signer (Print or Type) President						
ATTENTION —						

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)